Author's response to reviews

Title: Mandibular facial talon cusp: review of literature and case report.

Authors:

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Version: 4 Date: 16 September 2005

Author's response to reviews: see over
September 10 2005

The Editorial Team

BioMed Central.

Dear Sir,

Re: Mandibular facial talon cusp: review of literature and case report

( MS: 1022510845699242)

Thank you for the review process. I have read through the reviewer's comments and made the following revisions:

Major Compulsory Revision

• There was no specific format for review manuscripts in the checklist; so the format-Abstract, Background, Case presentation, Discussion and References was used.

• The background section has presented the literature in critical review. The prevalence of talon cusp in different populations has been given, with comments on the possible reasons for the wide variation in the incidence reported.

• The discussion has been presented to synthesize the case in the context of the literature review.

• The references have been re-arranged. I went through the reviewer's suggested reference ( Mupparapu M, Singer SR, Goodchild JH: Dens evaginatus and dens invaginatus in a maxillary lateral incisor: report of a rare occurrence and review of
literature. Aust Dent J 2004, 49:201-203) and I have included it in the literature review.

Minor Essential Revision

Abstract

- Page 2, line 8- has been corrected to read "… early detection and treatment is essential in its management to avoid complications'.
- Page 2, line 8- has been corrected to read " An unusual case of talon cusp on the facial aspect of a mandibular central incisor is reported".

Background

- Page 3, line 21- has been corrected to read " … a v-shaped radiopaque structure, as in true talon or semi talon, or tubercle-like as in trace talon".
- Page 4, line 8- The references for other workers who reported pulp tissue in talon cusp (Mellor and Ripa, 1971; Shafer et al, 1974; Henderson, 1977) has been indicated. The references of those who reported that the large talon cusps which stand away from the tooth crown are more likely to contain pulp tissue has been included (Hattab et al, 1996; Mader and Kellog, 1985).
- Page 4, line 12- The prevalence has been quoted accurately, ranging from 0.06% in Mexicans to 7.7% in a northern Indian population. The references have also been included.
- Page 5- The assumed association of talon cusp with sickle cell disease has been omitted, since this could be a chance finding.
- Page 5
  - Presentation- Reference 11 has been replaced with 8, 9.
- Complications- Pathological complications has been added to the other complications.
- Options in the treatment has been rephrased "Reducing the bulk of the cusp is an essential step in case of occlusal interference".
- Case presentation- An OPG radiograph was not taken because the patient did not present with any missing or supernumerary tooth and any other dental anomaly. All the teeth were in place and in normal occlusion except the mandibular left central incisor which was tilted lingually. An OPG is also relatively expensive in our environment and it would have been an expensive investigative tool for the patient who would not even be able to afford it. Otherwise it would have been useful, to rule out any other associated abnormality which may not have been observed clinically.
- Discussion.- The first statement has been rephrased and complemented with a table (Table1) containing published cases of mandibular talon cusp, including the present report.
- The repeated last statement has been deleted.
- References. The reference: Al-Omari MAO, Hattab FN, Darwazeh AMG, Dummer PMH, 1999 has been corrected.
- The paper by Mupparapu M et al was found useful and has been included.

Thank you for the consideration of the manuscript.

Sincerely,

Dr F A Oredugba.